

Annual Health Profile Released

The latest annual report on the Nation's health shows that gaps in educational attainment are likely to result in gaps in overall health status. "Health, United States, 1994," prepared by the National Center for Health Statistics, shows that among people ages 25–64 those with less than a high school education had more than double the death rate as those with at least one year of college (1).

There are better health outcomes for the better educated right from the start. Women who do not finish high school are almost eight times as likely to smoke during pregnancy as women who are college graduates, and low birthweight and infant mortality decline as the mother's educational level goes up. Overall, the percent of women who smoked during pregnancy dropped from 20 percent in 1989 to 17 percent in 1992.

The report shows that a family's income also affects health and health care. Vaccination levels for nonpoor children continue to exceed levels for poor children. In 1993, vaccination levels for Diphtheria-Tetanus-Pertussis (DTP) were 13 percent higher for nonpoor than poor children. Vaccination levels for measles were 11 percent higher for nonpoor children than poor children. Overall, in 1993, two out of three children ages 19–35 months had received a combined series of four doses of DTP vaccine, three doses of polio vaccine, and one dose of measles-containing vaccine. However, the combined-series vaccination levels were 20 percent higher for nonpoor than poor children.

In the 1991–93 period, nonpoor children younger than age 15 received more ambulatory care than poor or

near poor children. The average number of physician contacts per year for nonpoor children was 23–26 percent greater than for poor or near poor children.

Educational attainment had a major impact on healthy lifestyle choices. Cigarette smoking among adults ages 25 and older ranged from 14 percent for college graduates to 36 percent for those with less than a high school education.

In 1993, levels of recent mammography were 35 percent lower among women with less than 12 years education than among women with more than 12 years education.

The report also spotlights the issue of access to health care. More than 17 percent of the population younger than 65—or 40 million Americans—had no health care insurance in 1993. Black Americans were significantly more likely than white Americans to lack health insurance.

Hispanics were more than twice as likely to have no coverage as white persons. Among Hispanic groups in 1993, the age-adjusted percent of persons who were uninsured ranged from 17 percent of Cubans and 21 percent of Puerto Ricans to 40 percent of Mexican-Americans.

Meanwhile, health care expenditures continue to rise, totaling \$884.2 billion in 1993, or \$3,299 per person. The one-year rise in health spending was the smallest since 1986, but it was still 2.4 percentage points higher than the growth of the Gross Domestic Product.

Between 1991 and 1994, private employers' health insurance costs per employee-hour worked increased by 24 percent to \$1.14 an hour. In comparison, wages and salaries per employee-hour worked increased by nine percent during the same period.

"Health, United States, 1994" also presents current data and trends on topics in these four areas: health status and determinants, utilization of health

resources, health care resources, and health care expenditures. The report covers birth patterns, life expectancy, mortality trends, incidence and prevalence of acute and chronic disease, health behaviors, risk factors, hospitalization and doctor visits, health facilities and health professions, health expenditures and charges, and many other specific topics in the more than 150 tables and charts in the report.

The chartbook in this year's edition focuses on health care. The statistical tables from the report are also available on diskette in Lotus spreadsheet format. Contact NCHS for ordering information.

New Reports Track Pregnancies and Unmarried Childbearing

Two new analyses track the effects of population shifts and changes in sexual activity, contraceptive use, marriage and divorce on the pregnancy and birth patterns of American women during the past decade and into the 1990s.

Racial Disparity in Unmarried Childbearing Narrows

American women are becoming sexually active at earlier ages and marrying later, increasing both the risk and the hazard of unmarried childbearing in the United States. One of every three births in America is to an unmarried mother. In 1992, there were 1.2 million births to unmarried women, almost double the number in 1980. The rate of unmarried childbearing has increased rapidly since 1980, with the recent increase most pronounced for white women ages 20 and older. Still, rates of nonmarital childbearing are highest among black women and the overwhelming majority of all teenage mothers—70 percent—are not married. Unmarried mothers tend to have

poorer birth outcomes than married mothers because they are disproportionately young, poorly educated, and more likely to be poor.

A comprehensive analysis of the trends in births to unmarried mothers and the health aspects of childbearing by unmarried women has been prepared by NCHS (2). Among the key findings in this new report:

- The rate of nonmarital childbearing rose 54 percent from 29.4 births per 1,000 unmarried women ages 15-44 in 1980 to 45.2, the rate in both 1991 and 1992.

- In 1980, one in five births was nonmarital; in 1992, almost one in three (30.1 percent) were to unmarried women. This reflects not only the rise in unmarried births but the declining fertility among married women.

- Birth rates for unmarried women have risen sharply for women in all age groups, but particularly among women in the 20 and older age group. Consequently, only 30 percent of unmarried women giving birth in 1992 were teenagers.

- The rates for unmarried black women have consistently been higher than for unmarried white women. Over the past decade, however, the disparity by race has declined dramatically due primarily to the rising rate for white women. Since 1980, the nonmarital birth rate for white women rose 94 percent, and the rate for black women increased only 7 percent during that same time period (figure).

- In 1992, births rates for unmarried Hispanic women (95.3 per 1,000) were higher than for black women (86.5) and white women (35.2).

- Differences by race and Hispanic origin primarily reflect differences in education, income, access to health care, marriage patterns, sexual activity, and contraceptive use.

- Unmarried mothers are more likely than their married counterparts to be poorly educated. Among unmarried women ages 20 and older, women with less than a high school diploma are at least three times as likely to have a baby as unmarried women with some college.

- Unmarried mothers and their babies have a generally less favorable health status, even when differences in age and education are taken into account. Unmarried mothers are less likely to receive adequate prenatal care and less likely to gain adequate weight during pregnancy. Unmarried mothers are twice as likely to smoke while pregnant and, among mothers ages 20 and older, about twice as likely to have a low birthweight baby. Low birthweight is a major predictor of infant illness and mortality.

The source of data for this report is the certificate of live birth filed for each child born in the United States and reported to NCHS through the Vital Statistics Cooperative Program.

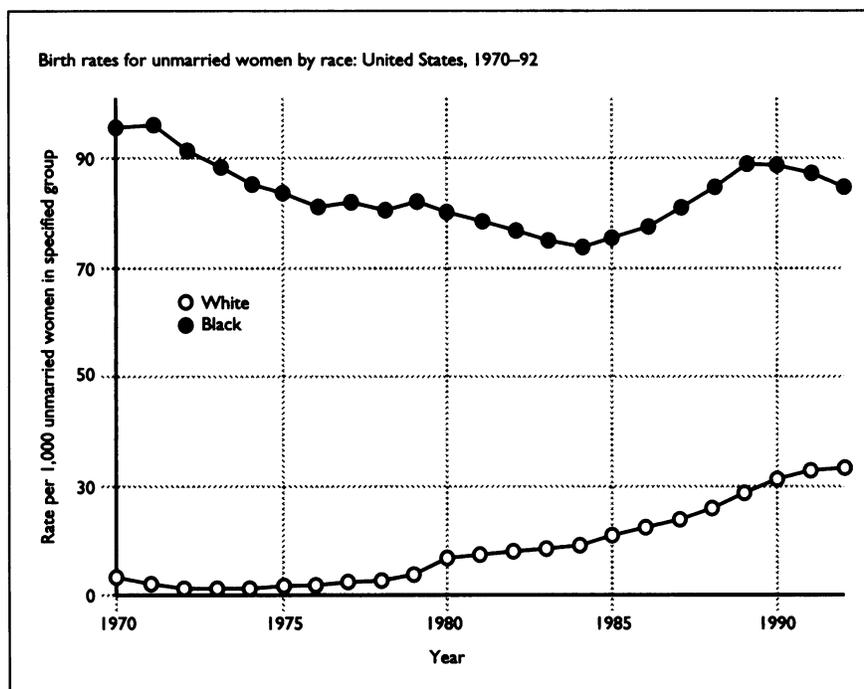
Pregnancy Rates Updated for the United States

Another new report documents the trends in pregnancies and pregnancy rates in the United States (3). Pregnancy rates are calculated using complete counts of births from the birth registration system, and estimates of miscarriages, stillbirths, and abortion. This study updates a previous analysis that included data from 1988.

There were 6.5 million pregnancies in the United States in 1992, down from a peak of 6.7 million in 1990. From 1980 to 1992, the pregnancy rate has been generally stable with about 11 percent of women in the childbearing ages of 15-44 pregnant in any year.

The 1992 total of 6.5 million pregnancies included 4.1 million births, 1.5 million abortions, and 900,000 miscarriages and stillbirths. This means that five of eight pregnancies in the United States end in live births, two of eight in abortion, and one of eight in miscarriage or stillbirth.

The abortion rate declined by 12 percent from 1980 to 1992. Part of this



decline is due to a drop in the number of women 18–29, the ages when abortion rates are highest. This report shows that U.S. women average 2.1 live births, 0.8 abortions, and 0.4 miscarriages and stillbirths, or 3.3 pregnancies per woman in her lifetime.

For the data years 1990 and 1991, it became possible to tabulate data on pregnancies separately for Hispanic, non-Hispanic white, and non-Hispanic black women, so this report is the first to present pregnancy data for each of these groups. Totals are available for 1992, but 1991 is the latest year for which pregnancy data by age and race are available.

The study documents striking differences in pregnancy trends and outcomes by age, marital status, race, and ethnicity. The race-ethnicity differences reflect disparities in education, income, access to medical care, and community environments.

Overall, U.S. women have an average of 3.3 pregnancies of which 1.8 are wanted births. On average, black

women report that they want about the same number of births as white women want, but black women have almost twice as many pregnancies. Hispanic women want and have substantially more births than white women.

Lifetime projections indicate that the average black woman will have a total of 5.1 pregnancies, but only 1.8 of those are wanted births. White women will average 2.8 pregnancies per woman, 1.6 of which are wanted births. Hispanic women average 4.7 pregnancies per woman, 2.6 of which are wanted births.

Pregnancies among black women are twice as likely to end in abortion as pregnancies among white and Hispanic women. Despite increases in sexual activity among teenagers since 1980, the pregnancy rate for teens remained fairly stable at about 11 percent per year. This was because sexually experienced teens were less likely to become pregnant due to their increased use of condoms.

Written by Sandra S. Smith, MPH, NCHS Public Affairs Officer, and Jeffrey H. Lancashire, Public Affairs Specialist.

NCHS publications and assistance in obtaining printed and electronic data products are available from the NCHS Data Dissemination Branch, room 1064, Hyattsville, MD 20782; tel. 301-436-8500; or check the NCHS Home Page on the Internet at URL: <http://www.cdc.gov/nchswww/nchshome.htm>.

References

1. Health, United States, 1994. DHHS Publication No. (PHS) 95-1232, National Center for Health Statistics, Hyattsville, MD, 1995.
2. Ventura, S. J.: Births to unmarried mothers: United States, 1980–92. *Vital Health Stat [21] No. 53*, National Center for Health Statistics, Hyattsville, MD, 1995.
3. Ventura, S. J., et al.: Trends in pregnancies and pregnancy rates: estimates for the United States, 1992. *Monthly Vital Stat Rep vol. 43, No. 11 (s)*, National Center for Health Statistics, Hyattsville, MD, 1995.